

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

FILED
CLERK'S OFFICE

2005 FEB 14 P 3:43

U.S. DISTRICT COURT
DISTRICT OF MASS

ELIZABETH L. SHIELDS,
Plaintiff

v.

KENNETH VAN VOORHIS, JR.,
JOSEPH ELETTO TRANSFER, INC.,
AND AA TRUCK RENTING CORPORATION,
Defendants

C.A. NO. 04-12431GAO

**PLAINTIFF'S OPPOSITION TO DEFENDANT'S MOTION TO DISMISS
FOR LACK OF SUBJECT MATTER JURISDICTION**

The Plaintiff, Elizabeth L. Shields respectfully opposes Defendant's Motion to Dismiss for Lack of Subject Matter Jurisdiction.

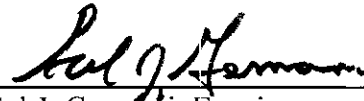
In support of Plaintiff's Opposition, attached is Plaintiff's Affidavit marked "Exhibit A", her medical records marked "Exhibit B", and text marked "Exhibit C" relating to trauma and Spondyliolisthesis.

In conclusion, it is Plaintiff's position that she suffered more than just a lumber strain, that is, that the trauma of the subject accident played a role in precipitating the first painful symptoms of the spondyliolisthesis identified on x-ray. Consequently, Plaintiff respectfully requests that this Honorable Court deny the Defendant's Motion to Dismiss for the reason that

Plaintiff has set forth with sufficient particularity, facts indicating that, it is not a legal certainty that this claim involves an amount less than the jurisdictional amount.

THE PLAINTIFF

By her Attorney,

A handwritten signature in black ink, appearing to read "Sal J. Germani", is written over a horizontal line.

Sal J. Germani, Esquire

BBO #547991

Germani & Germani, P.C.

Attorney for Plaintiff

50 Union Street, P. O. Box 2178

Attleboro, MA 02703

(508) 222-5858

(508) 222-9906

CERTIFICATE OF SERVICE

I, Sal J. Germani, Attorney for the Plaintiff, hereby certify that on this 10th day of February, 2005, I forwarded a copy of the within Opposition to Defendant's Motion to Dismiss for Lack of Subject Matter Jurisdiction to Defendant's counsel, Michael J. Keefe, Esquire, Martin, Magnuson, McCarthy & Kenney, 101 Merrimac Street, Boston, Massachusetts 02114-4716, via first class mail.



Sal J. Germani

AFFIDAVIT OF ELIZABETH L. SHIELDS

I, Elizabeth L. Shields, being on oath, depose and say:

1. That on June 25, 2003 I was struck from behind by a large furniture delivery truck which I later learned was owned by Defendant, AA Truck Renting Corporation, maintained and/or controlled by the Defendant, Joseph Eletto Transfer, Inc. and operated by the Defendant Kenneth Van Voorhis, Jr.
2. That on the day of the accident I was transported by ambulance to Sturdy Memorial Hospital in Attleboro, Massachusetts.
3. That at the emergency room at Sturdy Memorial Hospital, I complained of mid back and low back pain.
4. That an x-ray of my back was performed at Sturdy Memorial Hospital which revealed a Grade II Spondyliolisthesis.
5. That I was told that the finding identified on x-ray is an underlying pre-existing condition, however, prior to the subject accident I had not experienced any pain and/or discomfort in the area identified on x-ray and it was only subsequent to the accident that I experienced back pain.
6. That I have not completely recovered and I am told that medically there is really nothing that can be done to repair my injury other than periodic physical therapy and home exercises.

Signed under the pains and penalties of perjury.

2-9-05
Date

Elizabeth Shields
Elizabeth L. Shields



September 24, 2003

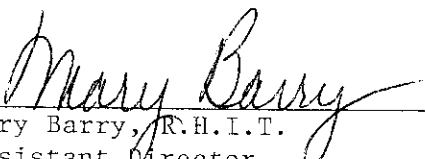
Germani & Germani, P.C.
50 Union Street
Attleboro, MA 02703

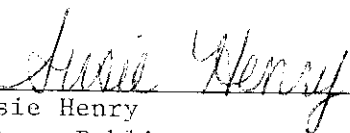
In answer to your authorized request for a copy of a medical report, I hereby certify that the enclosed are photocopies of the true hospital record of Sturdy Memorial Hospital concerning the below captioned individual.

The records of Sturdy Memorial Hospital are kept pursuant to Mass. General Laws Chapter 111, Section 70.

Signed under the pains and penalty of perjury.

RE: Shields, Elizabeth;
MR#32-74-47.
Emergency room report
from June 25, 2003.


Mary Barry, R.H.I.T.
Assistant Director
Medical Record Department


Susie Henry
Notary Public

My Commission Expires on
September 24, 2004.



STURDY

MEMORIAL HOSPITAL
PO Box 2963
211 Park Street
Attleboro, MA 02703-0963

IMAGING REPORT

DEPARTMENT OF IMAGING
508-236-7750

327447

SHIELDS, ELIZABETH

06/20/1958 F DR: MUELLER MD

27820547 DEP ER 06/25/2003

ADDRESSOGRAPH

SECTION: EMERGENCY DEPT. RADIOLOGY

000575943 ERAD/SPINE LUMBOSACRAL

PERTINENT HISTORY: MVA, BACK PAIN

LS SPINE

CLINICAL HISTORY: ACUTE INJURY. BACK PAIN.

FINDINGS: AP AND LATERAL RADIOGRAPHS OF THE LS SPINE WERE OBTAINED. THERE IS NO COMPRESSION FRACTURE. THERE IS GRADE II SPONDYLOLISTHESIS OF L5 ON S1 BY APPROXIMATELY 1.2 CM. THERE ARE PROBABLY BILATERAL SPONDYLOLITIC DEFECTS. THERE IS MARKED NARROWING OF THE L5-S1 INTERVERTEBRAL DISC SPACE. ALL OF THE OTHER INTERVERTEBRAL DISC SPACES ARE WELL MAINTAINED.

IMPRESSION: L5-S1: THERE IS GRADE II SPONDYLOLISTHESIS OF L5 ON S1 AND THERE ARE PROBABLY BILATERAL SPONDYLOLITIC DEFECTS. THERE IS MARKED NARROWING OF THE INTERVERTEBRAL DISC SPACE.

Interpreted and Dictated By:
Reported By: KENNETH KAPLAN, MD

Report Reviewed And Signed By:

K. Kaplan, M.D.

CC:

Technologist: RAD.HYB

Transcribed Date/Time: 06/25/2003 (0934)

Transcriptionist: RAD.MH

Printed Date/Time: 06/25/2003 (1401) Batch No: 849

PAGE 1

CHART COPY

STURDY MEMORIAL HOSPITAL, INC.
ATTLEBORO, MA 02 963

EMERGENCY CARE CENTER 0643

PATIENT NAME / ADDRESS / PHONE / SS # SHIELDS, ELIZABETH 3595 POST ROAD APT 20106 WARWICK, RI 02886 401-236-3628 037-40-2096		ACCT. # 27820547	MR # 32744/	SERVICE DATE 06/25/03	ACCIDENT DATE / TIME 06/25/03	INT. BY BC
PREV. SER. N		DATE OF BIRTH 06/20/58	AGE 45	SEX F	RACE C	MS S
MAIDEN NAME / OTHER		WHERE OCCURRED MVA	REASON FOR VISIT MVA			
NOTIFY IN EMERGENCY / ADDRESS / PHONE / RELATIONSHIP SHIELDS, LAURA ... 77777 401-527-1233 SISTER		MEDICARE A & B		22		
GUARANTOR NAME / ADDRESS / PHONE / SS # SHIELDS, ELIZABETH 3595 POST ROAD APT 20106 WARWICK, RI 02886 401-236-3628 037-40-2096		037402096		SHIELDS, EL SELF		
ECC PHYSICIAN 608 PERRY MD, ROBERT P.		PRIMARY CARE PHYSICIAN UNKNOWN, DOCTOR		CLINICAL SCREEN		
PATIENT'S EMPLOYER NAME / ADDRESS / PHONE / OCCUPATION UNKNOWN		N		BROUGHT IN BY ATTLE AMB		
ADVANCED MEDICAL DIRECTIVE INFORMATION / EFFECTIVE DATE		UNITED HEALTH PLAN OF N.E. PO BOX 659768 SAN ANTONIO, TX 78265-9768 037402096 51001 SHIELDS, EL SELF				

PLEASE REFER TO PHARMACY SHEET
FOR ALL ALLERGY INFORMATION

The examination and treatment you have received in the Emergency Care Center (ECC) at Sturdy Memorial Hospital has been rendered on an EMERGENCY basis only and is not intended to replace definitive medical evaluation nor be an effort to provide complete medical care. Since it is often impossible to recognize and treat all elements of an injury or illness at a single emergency visit, it is important that you contact the physician below when instructed to do so. PLEASE CONTACT US IF YOUR CONDITION WORSENS OR YOU CANNOT CONTACT YOUR DOCTOR. WE ARE HERE 24 HOURS A DAY.

SPECIAL INSTRUCTIONS SHEET(S) GIVEN: ☐ Wound Care ☒ Back Care ☒ Sprain/FX ☐ Fever ☐ Abdominal Pain ☐ Chest Pain
☐ Head Injury ☐ Cervical Strains ☐ Vom./Diarr. ☐ Acute Viral Illness ☒ MVA ☐ Burn Care
☐ Suture Removal in approx. _____ days ☐ Ear Infection ☐ Eye FB/Injury ☐ Corneal Injury ☐ Conjunctivitis ☐ Dizziness
☐ Re-check in _____ ☐ Short of Breath ☐ Tetanus ☐ Other: _____
 Call (today / tomorrow / _____ if not improved) to make an appointment with: Dr. Yar
 to be seen within 2 wks for follow-up care

CALL SOONER OR RETURN TO THE EMERGENCY DEPARTMENT ANYTIME, AS NEEDED - 508-236-7000 (EMERGENCY CARE CENTER)

EMERGENCY SERVICES RENDERED:

☐ Medication(s) administered: STRICTLY ☐ Tet Toxoid ☐ Td ☐ Hypertet ☐ Lab tests (sent with pt)

☐ Case Management Referral/Consultation☐ VNA or other Home Care Referral

(Preliminary reading only, radiologist will officially read within 24 hours)

WORK / ACTIVITY STATUS

☐ Return to regular work/activity Date: _____
☐ No gym activity for _____ days.

☐ Modified work, if available (describe below)☐ Unable to return to work/school for _____ days.

Medication(s) prescribed:

☐ DO NOT DRIVE, DRINK ALCOHOL OR OPERATE DANGEROUS MACHINERY WHILE ON THIS MEDICATION.
 Other Instructions: Aspirin, warm compresses, Return for concern

I have discussed these instructions with the patient and appropriate family members, when indicated, and believe that they are understood

M.D. / R.N. _____
 I acknowledge receipt and understanding of the instructions above. I understand that I have received EMERGENCY TREATMENT ONLY and that I may be released before all of my medical or surgical conditions are known or treated. Definitive care or diagnosis will be rendered by complying with follow-up instructions. I will arrange follow-up care as instructed above and I authorize copies of this report be made available to the practitioner(s) or medical organization responsible for follow-up care. I have no further questions regarding the above instructions.

PATIENT / GUARDIAN

DATE

TIME



STURDY
MEMORIAL HOSPITAL
P.O. Box 2963
211 Park Street
Attleboro, MA 02703-0963

1730054-7 REG FR 06/25/03
JUN 25 2003
PT AGE 45

ECC CLINICAL RECORD

Private MD

Pt. Name <u>Elizabeth Shields</u>	DOB <u>6-20-58</u>	Age <u>45</u>	Sex <u>F</u>	Date	Triage Time <u>0645</u>
Pt. Complaint <u>Back pain - MVC</u>	QC	Initials:	Medications: <u>None</u>		
Triage Notes: Onset of symptoms/Time of injury					
Information provided by: <input checked="" type="checkbox"/> pt. Other: <u>Ems</u>					
<u>Dead woman - no back pain - rear</u> <u>end impact - Denies LOC - trauma upper</u> <u>extremities. Full spinal immobilization</u> <u>pain & elevation of legs.</u> <u>points to back - pain in mid back.</u>					
Allergies: <u>NKA</u>	Demonstrated no neck or back				Herbals/Vitamins/Alternative Tx: <input checked="" type="checkbox"/> None
MVA <input checked="" type="checkbox"/> per EMS <input type="checkbox"/> per pt. <input type="checkbox"/> driver <input type="checkbox"/> passenger: <input type="checkbox"/> front <input type="checkbox"/> back <input type="checkbox"/> right <input type="checkbox"/> left <input checked="" type="checkbox"/> Seatbelt <input type="checkbox"/> Car seat? <input type="checkbox"/> Airbag? <input type="checkbox"/> Rollover <input type="checkbox"/> Ejected <input type="checkbox"/> Windshield starred <input checked="" type="checkbox"/> C-collar by <u>EMS/CRN</u> <input type="checkbox"/> Steering wheel bent <input checked="" type="checkbox"/> Spine imob. by <u>EMS/CRN</u> Damage to vehicle? <u>Yes</u>			Triage Intervention <input checked="" type="checkbox"/> None <input type="checkbox"/> Ice <input type="checkbox"/> Wound cleaned <input type="checkbox"/> Dressing <input type="checkbox"/> Splint <input type="checkbox"/> Sling <input type="checkbox"/> O ₂ @ <input type="checkbox"/> l. <input type="checkbox"/> Eye irrigation <input type="checkbox"/> Elevation Other:		
ABC's <input checked="" type="checkbox"/> Patent Airway <input type="checkbox"/> Stridor <input type="checkbox"/> Obstructed <input type="checkbox"/> Drooling <input checked="" type="checkbox"/> WNL Breathing <input type="checkbox"/> SOB <input type="checkbox"/> Labored <input type="checkbox"/> Cough <input checked="" type="checkbox"/> WNL Skin <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Yellow <input type="checkbox"/> Mottled <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Rash** <input checked="" type="checkbox"/> None Bleeding <input type="checkbox"/> controlled <input type="checkbox"/> uncontrolled Location: <input checked="" type="checkbox"/> NA Monitor Rhythm			Vital Signs Wt. <input type="checkbox"/> kg Temp <u>98.4</u> ^{po} FHR <input type="checkbox"/> Pulse <u>106</u> PSBS <input type="checkbox"/> Resp. <u>28</u> B/P <u>147/88</u> SpO ₂ <u>97</u> (% RA) or <input type="checkbox"/> O ₂		
Past Medical History Smoker <input type="checkbox"/> ppd x <input type="checkbox"/> yrs. <input type="checkbox"/> None <input type="checkbox"/> HTN <input type="checkbox"/> Cardiac <input type="checkbox"/> NI/IDDM <input type="checkbox"/> IDDM <input type="checkbox"/> Asthma PMH Details: <u>Dead.</u> <input type="checkbox"/> No Δ / Unexplained wt. Δ in last 6 mo, ≥ 20 lbs. <input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> UTD Immunizations: <input type="checkbox"/> Not UTD* <input type="checkbox"/> Last Td > 5 yrs. <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Denies Pregnancy LMP <u>?</u> <input checked="" type="checkbox"/> No - Breast feeding? Yes <input checked="" type="checkbox"/> No - Interpreter needed/Language? <input checked="" type="checkbox"/> No - Disabilities/Barriers to learning?					
Neurological <input checked="" type="checkbox"/> Awake - Responds to: <input type="checkbox"/> Verbal <input type="checkbox"/> Pain <input type="checkbox"/> Unconscious <input checked="" type="checkbox"/> Oriented x3 <input type="checkbox"/> x2 <input type="checkbox"/> x1 <input type="checkbox"/> NAD Affect: <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Anxious <input checked="" type="checkbox"/> Crying <input type="checkbox"/> Combative <input type="checkbox"/> Hostile			Extended Neuro Eval <input checked="" type="checkbox"/> NA PERRL yes no* Abnormality: Facial droop: <input type="checkbox"/> none <input type="checkbox"/> right <input type="checkbox"/> left Arm strength: <input type="checkbox"/> normal R / L weak R / L limp Leg strength: <input type="checkbox"/> normal R / L weak R / L limp		
Pain Scale <input checked="" type="checkbox"/> Adult (0-10) Location <u>Back</u> <input type="checkbox"/> Pedi (0-5) Quality <u>Points</u> Trauma: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Alleviation <u>No</u> Aggravation <u>No</u>			GU <input checked="" type="checkbox"/> NA Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Dysuria <input type="checkbox"/> Incontinence <input type="checkbox"/> Urethral/Vaginal discharge <input type="checkbox"/> Hematuria <input type="checkbox"/> Indwelling Foley catheter		
GI <input checked="" type="checkbox"/> NA Abd** <input type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Distended <input type="checkbox"/> Pregnant <input type="checkbox"/> Obese Last BM <input type="checkbox"/> Constipation <input type="checkbox"/> Nausea Vomiting <input type="checkbox"/> x's in <input type="checkbox"/> hrs. Diarrhea <input type="checkbox"/> x's in <input type="checkbox"/> hrs.			Orthopedic Multiple orthopedic injuries** <input checked="" type="checkbox"/> NA Extremity <input type="checkbox"/> Color <input type="checkbox"/> Extremity T° <input type="checkbox"/> (+/-) Sensation <input type="checkbox"/> Distal Pulse <input type="checkbox"/> Capillary refill <input type="checkbox"/> Swelling <input type="checkbox"/> FROM or <input type="checkbox"/> ROM 0° to pain		
Reported/Suspected Abuse/Risk Assessment Domestic Violence Yes* <input checked="" type="checkbox"/> No Suicidal/Homicidal Yes* <input checked="" type="checkbox"/> No Elder Abuse/Neglect Yes* <input checked="" type="checkbox"/> No Risk for Violence Yes* <input checked="" type="checkbox"/> No Child Abuse/Neglect Yes* <input checked="" type="checkbox"/> No Risk for Falls Yes* <input checked="" type="checkbox"/> No Disabled Abuse/Neglect Yes* <input checked="" type="checkbox"/> No			*Items circled: require further documentation & action **Items circled: see nurses notes Nurse Signature: <u>D. J. [Signature]</u> Triage Category: <u>3</u> MD Time:		
MD Signature:			MD Signature:		



STURDY
MEMORIAL HOSPITAL
211 Park Street
P.O. Box 2963
Attleboro, MA 02703-0963

**EMERGENCY CARE CENTER
DICTATED REPORT**

32-74-47
SHIELDS, ELIZABETH
06/20/58 F
2785054-7 REG ER 06/25/03
UNKNOWN, DOCTOR
Addressograph
PT AGE 45

45 y/o F slip and fall lower back pain

history - no trauma sustained sustained @ unknown speed

eg Head trauma neck/upper or abd pain

multiple lacer

PE

RE visual

heart normal

neck no trauma

chest / abd / pelvis / extremities

Back - Blunt trauma to L/L lower back

Diagnosis: Acute Back Strain

[Signature]



STURDY
MEMORIAL HOSPITAL
211 Park Street
Amherst, MA 01003-0963

SHIELDS, E ZABETH
06/20/38
0792054-7 REG ER 06/25/03
UNKNOWN DOCTOR
PT AGE 45

ECC ORDER SHEET

Date: _____ Page: _____

Patient:		Bed: <u>K</u>	Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial time: <u>7:05</u>		
Transport: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Stretcher		ALLERGIES:				
Patient Complaint: <u>MVA</u>						
	Add On (Time)	Initial Order (S)	Order	Add On (Time)	Initial Order (S)	Order
			Old Records			Old X-rays
EKG			EKG: ♥ Meds: Diuretics:			
LAB			ECPP - Chest Pain Protocol			ESFP - Cerebro-spinal fluid
			TI - Troponin I			ESFP.PD - Pedi cerebro-spinal fluid
			CPK			HCG - Serum pregnancy
			ETP - Thrombolytic Protocol			BSU - Quantitative pregnancy (beta sub unit)
			CBC			DIG - Digoxin level
			ER - BUN, Iytes, Glu, Cr, Cal			VAL - Depakote level
			AMYL/LIP - Amylase/ Lipase			DIL - Dilantin Level
			LFTs - Alb, Bilit, Alkp, SGPT, SGOT, Bilid, GGT			SAL/ACTMN - ASA/Salicylates / Tylenol Time for ACTMN to be drawn:
			MG - Magnesium			DRGU - Urine Toxicology
			GLUM - Finger stick glucose			ETOH
MIC			PROX/PTT - Protine / PTT Anticoagulants:			ABG - Blood Gases O ₂ @ _____ L or RA
			DIMER - D-dimer			UHCG - Urine pregnancy
			ESR - Sed rate			U - Urinalysis
ERAD			SS - Strep Screen			ERU - ER Urine dip
			BC - Blood culture			UC - Urine cult./sens. : <input type="checkbox"/> Clean catch <input type="checkbox"/> Cath
ECT/US			CXR -- routine chest x-ray			GENPRB - GC/Chlamydia
			PEXC1 - Portable chest x-ray			KOH & WP - Wet Prep
BBK			ECT - Cat Scan test: Reason:			SCA - C-spines
			TS - Type & screen			AM - Abdomen series
Other Lab/Xray Orders			PC - Packed cells /x-match x _____ units			KUB
			<u>LS spine EA</u>			US - Ultrasound test: Reason:
Resp. Treatments & Other Orders	Time	Respiratory Treatments & Other Orders		Time	Signature	
Diet order:		Diabetic Meds?:				
MD Signature: <u>[Signature]</u>						

Continued on page _____

Blue Original - Medical Records: Green - ER; Yellow - Billing

MEMORIAL HOSPITAL

ECC NURSES NOTES

Date:

Page

32-74-47

WHEELS, FLIZADTH

06/20/90

07-00000-7 AUG 1964

05/22/03

IV and Medication Orders

Time	Primary Nurse:
0645	Thyroid in room #10. HTO X3. Deep; some lip swelling. Thyroid & uric acid questions. 2 from
0700	Call to "Lance" not able to reach his cell # & Texas instrument #. 2 from
0705	Dr. Arrived to ward. collar & band board removed. 2 from
0707	Police officer in instructing pt on follow up. E. Archer RN
0735	PT returned - from X-ray. Friend @ bedside. PT semi Fowler's. States comfortable. E. Archer RN
0805	Much to BR to vd. E. Archer RN
0830	Awaiting Dispo. Ice water given thru interpreter. pt request. #8A MD advised

Disposition: Home Transfer to: _____ Eloped LWBS
Time admit called: _____ Time pt. transferred: _____ Floor: 2nd

___ Asks questions ___ Knowledge deficit re: disease/injury ___ Demo. incorrect technique* Denies need for education*

Verbal Understanding Return Demonstration Signature of person discharging:


DATE	6-25-83	SERVICE AGENCY	Attleboro Fire	RUN NO.	2710	C-MED NO.		953	30	Med.Rec.#		Pg. 1 of	
NAME		Elizabeth Shields		CREW MEMBERS		CERT.	CERT. NO.	Call Received		0623	Time		Mileage Start
HOME ADDRESS		3595 Post rd #20106		1. (D) McCracken				Dispatched		0623	Mileage End		
TOWN		Warwick RI		2. Bryan			844418	Responding		0623	Total Mileage		
STATE		02886		3.				On Scene		0626	2.4		
ZIP				4.				Leave Scene		0636	Dept. Use		
INCIDENT ADDRESS		South Maine Fisher		5.				At Hospital		0643			
RESPONSIBLE PARTY / EMPLOYER				SS #		TELEPHONE #		In Quarters		0652			
				INSURANCE		POLICY NUMBER		Other					
				Medicare		5700103740209600		Emergency					
PRIORITY		45		D.O.B.		LOCAL MD		Reason for Call		MVA			
MO		6		DAY		20		YEAR		58			
ALLERGIES:				M				CLINICAL IMPRESSION					
UNK		NKA		LATEX				MUTUAL AID					
								GIVEN					
								RECEIVED					

MEDICATIONS:	
<input checked="" type="checkbox"/> UNK <input type="checkbox"/> NONE	
HISTORY: <input type="checkbox"/> ASTHMA <input type="checkbox"/> CA <input type="checkbox"/> CARDIAC <input type="checkbox"/> COPD <input type="checkbox"/> DIABETES <input type="checkbox"/> Other:	
<input type="checkbox"/> HIGH BP <input type="checkbox"/> PSYCH <input type="checkbox"/> SEIZURE <input type="checkbox"/> STROKE/CVA/TIA	
CC-DNR	
NARRATIVE	U/A found 45 yo F sitting in Drivers seat of car that was struck by a furniture delivery vehicle in the rear - pt was conscious and in obvious pain - pt collared and extracted to long bd, and to resuscitate pt is deaf and communications slow - able to get pain on entire length of spine - no other complaints - vitals below - transport to SMH/ASU

EYES OPEN		VERBAL RESPONSE		MOTOR RESPONSE		GLASGOW COMA SCALE		RESPIRATIONS		SYSTOLIC BP		CONVERTED GCS		REVISED TRAUMA SCORE	
④ Spontaneously	5 Oriented	6 Obeys Command	4 10 to 29	4 90 or More	4 GCS of 13 to 15										
3 To Voice	5 Confused	4 Localizes Pain	3 30 or More	3 76 to 89	3 GCS of 9 to 12										
2 To Pain	3 Inappropriate	4 Withdrawn in Pain	2 6 to 9	2 50 to 75	2 GCS of 6 to 8										
1 No Response	1 None	3 Flexion 2 Extension	1 1 to 5	1 1 to 49	1 GCS of 4 to 5										
		1 None	0 None	0 None	0 GCS of 3										

VITAL SIGNS:												
TIME	LOC	PULSE	BP	RESP	PUPILS	SKIN	EKG	PULSE OX	EMT	DEF / CAR / PAC	SET	
	(A) V P U	100	156/96	18	Perf	w/o				D C P		
	A V P U									D C P		
	A V P U									D C P		
	A V P U									D C P		
	A V P U									D C P		

MEDICATION AND TREATMENT TAKEN BY:												

MEDICATION AND TREATMENT THERAPY											
TIME	PROCEDURE / MEDICATION	EMT	DOSE / RATE	ROUTE	LOCATION	TIME	PROCEDURE / MEDICATION	EMT	DOSE / RATE	ROUTE	LOCATION
	Oxygen		LPM	C M NRB BV							
	IV – Gauge:			Attempts							
							Advanced Airway		Attempts		
							Blood Glucose		Blood Drawn	Y	N

DATA COLLECTION				
<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> General Illness	<input type="checkbox"/> Nausea / Vomiting	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Allergic	<input type="checkbox"/> CVA / Stroke / TIA	<input type="checkbox"/> Hyperthermia / Heat Exposure	<input type="checkbox"/> Neuro / CNS Injury	<input type="checkbox"/> Seizures
<input type="checkbox"/> Altered LOC	<input type="checkbox"/> Dehydration / Hypovolemia	<input type="checkbox"/> Hypothermia / Cold Exposure	<input type="checkbox"/> No Complaint	<input type="checkbox"/> Sepsis
<input type="checkbox"/> Behavioral / Psychiatric	<input type="checkbox"/> Diabetic Emergency	<input type="checkbox"/> Injury, Closed Head	<input type="checkbox"/> Obstructed Airway	<input type="checkbox"/> Syncope
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Dizziness	<input checked="" type="checkbox"/> Injury, Orthopedic	<input type="checkbox"/> Obstetric / Gyn Emergency	<input type="checkbox"/> Other Problem
<input type="checkbox"/> Burns	<input type="checkbox"/> DOA, Obvious Death	<input type="checkbox"/> Injury, Soft Tissue	<input type="checkbox"/> Overdose	
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Drowning / Near Drowning	<input type="checkbox"/> Injury, Other	<input type="checkbox"/> Pain, Not Otherwise Spec.	
<input type="checkbox"/> Cardiac Arrest	<input type="checkbox"/> Electrocutation	<input type="checkbox"/> Multi-Trauma	<input type="checkbox"/> Poisonings	

COMMUNICATIONS				DISPOSITION			
TIME:	C-MED CHAN.	VHF	CELLULAR	HOSPITAL	TREAT & <input type="checkbox"/> Transport by EMS <input type="checkbox"/> Transport by POV <input type="checkbox"/> Transfer by _____ to _____		
				NO CARE: <input type="checkbox"/> Refused <input type="checkbox"/> Cancelled <input type="checkbox"/> Diverted <input type="checkbox"/> DOA <input type="checkbox"/> No Pt <input type="checkbox"/> Other _____			
NAME	REPORT COMPLETED BY			ATTENDANT IN CHARGE		RECEIVED BY	
Printed	Gerald F. Bogan			Same		MED. CONTROL PHYSICIAN	
Signature	X <i>Gerald F. Bogan</i>						
Post-Use							



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields

Date of Birth: 06-20-1958

Visit Date: Jul 21, 2003 03:37 PM

Providers: John J Poggi, M.D.

PCP: John J. Poggi, MD

Location: AOG

SUBJECTIVE

Room

Patient is arrived and roomed.

OR Initial Chief Complaint Lumbar

Ms. Shields presents for evaluation of an injury to her upper lower back. She was involved in a motor vehicle accident.

OR Initial History of Present Illness Lumbar

The injury occurred on 06/25/03. Apparently, she was the driver in her car awaiting to make a left hand turn when she was struck from behind by a large delivery truck. She was brought to the Sturdy Emergency Room where x-rays apparently were obtained. She was advised to take over-the-counter Motrin and Tylenol. She denies any prior injury to her back or to her neck prior to this accident. She denies any bowel or bladder symptoms, nor does she note any weakness of either lower extremity. She does describe some occasional paresthesia to one or the other of her upper extremities depending on which side she lies at night. She denies any paresthesia to either lower extremity.

PMSFSHXROS BLUE REFERRAL

Past medical history, past surgical history, allergies, medications, review of systems, social history, and family history were all reviewed with the patient in detail and are as documented on the OGI Intake Form filled out on the day of the initial visit. A copy of this form is included in the electronic medical record for immediate access or in the paper chart (if still being kept for this patient). It should be noted that all elements that are not circled on the form were discussed with the patient and are either negative or not present.

OBJECTIVE

OR Lumbar Spine Exam

The patient is a moderately overweight WDWN Caucasian female. She is deaf but has an interpreter/signer with her. She is able to arise from a seated position without difficulty. The patient's gait is nonantalgic and heel to toe bilaterally. Evaluation of heel walking reveals it to be 5/5 bilaterally. Her toe walking is 5/5 bilaterally. Evaluation of the stance shows there to be a level pelvis. The SI Joint is symmetric and nontender bilaterally. Lumbar lordosis is normal. Flexion was noted to be 60 degrees. Extension was 20 degrees. There was tenderness to palpation over the L/S junction on the left. She had no tenderness along the lumbar spine, nor was there tenderness over either SI joint. She had no tenderness in either buttock region, nor did she have any tenderness over either trochanteric region. Motor strength testing bilaterally in the T12-S1 distribution was normal, showing 5/5 strength in all muscle groups. Light touch in the L4-S1 distributions was normal bilaterally, as well. Knee jerk and ankle jerk reflexes were normal and symmetric. The left lower back symptoms were recreated with supine straight leg raise on the left at 70 degrees. She had negative SLR on the right to 75 degrees. Her exam was notable for bilateral hamstring tightness. The hip, knee, and ankle ROM is normal bilaterally. She had negative figure-of-four test bilaterally and negative piriformis stretch test bilaterally.

OR Neck/UE Initial Physical Exam

Normal neck contour and posture. There is no overlying swelling, erythema, rash. Range of Motion of the cervical spine reveals full flexion, extension, rotation, lateral bending. without apparent pain or discomfort. There is no tenderness to palpation of the spine, bony landmarks, surrounding soft tissue. The distal neurovascular examination is normal with good distal sensation and pulses. DTR's are equal and symmetric. She did have a trace of discomfort with left > right tilt in the left posterior neck region. She also has some mild discomfort in the left medial periscapular muscles but not on the right.

OR Lumbar X-ray Review

The following plain films were reviewed: AP/Lat of the lumbo-sacral spine. These demonstrated a Grade II spondylolisthesis of L5 on S1 with significant narrowing of the L5-S1 disc space. The remaining disc spaces were all preserved. There was no evidence of lytic lesions identified. There was bilateral spondylolytic defects at L5. No

This Note Printed on September 15, 2003 at 10:39 AM

Page 1 of 2

amicore

150 Emory St. Attleboro, MA 02703

©2003 All Rights Reserved

Phone: (508) 222-4450 Fax: (508) 226-6465

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Vis Date:** Jul 21, 2003 03:37 PM
Providers: John J Poggi, M.D. **PCP:** John J. Poggi, MD **Location:** AOG

other fractures were identified.

----- Electronically Signed by J. Jeffrey Poggi, MD -----.

ASSESSMENT

DIAGNOSIS #1: spondylolisthesis L5/S1. DIAGNOSIS #2: lumbar strain. Left thoracic paraspinal strain.

Strain Sprain, (Ligament,Muscle) Lumbar 847.2

Strain Sprain, (Ligament,Muscle) Thoracic 847.1

Spondylolisthesis Traumatic 738.4

PLAN

OR LUMBAR PLAN

The treatment options are reviewed with the patient through her interpreter. She will continue her present medications and apply heat or heat alternating with ice to the areas of discomfort as necessary. She will be started in physical therapy both for her upper and lower back symptoms. Follow up: 6 week(s). We will obtain lateral flexion-extension views of the lumbar spine on her return.

Medication Plan

Maintain Current Medication Plan.

ADDITIONAL ADDENDA

Jul 27 2003 9:58PM

(Poggi, John) - Faxed Note To: PCP (Poggi, MD, John) - 508-226-6465

This note has been electronically
signed by John J Poggi, M.D.

John J Poggi, M.D.



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Jul 31, 2003 08:39 AM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

SUBJECTIVE

Physical Therapy Presentation - Lumbar Spine

Elizabeth presents for evaluation of her lumbar spine. She was involved in a motor vehicle accident. Hit from rear-end on June 25th. Pain is in left low-back, buttock and posterior upper leg. Pain is 6-7/10. Difficulty laying down, sitting > 20-30 min, walking > 1/2 hour. Pt also reports some mild pain in upper back. Pt is deaf and sister Laura typically translates.

Occupational History

The patient is presently unemployed.

OBJECTIVE

General Appearance

Pt is a deaf caucasian female. She has limited reading and writing skills.

OR Lumbar Spine Exam

Flexion was noted to be 60 degrees. Extension was 20 degrees. Lateral bending was moderately restricted on the left and mildly restricted on the right. Rotation was moderately restricted on the left and mildly restricted on the right. There was tenderness to palpation over the iliolumbar region on the left and the left L/S junction and the SIJ. The motor exam of the lower extremities is 5/5 bilaterally. The patient has normal discrimination to light touch in the lower extremities. The straight leg raise test causes low back pain on the left bilaterally. The hip, knee, and ankle ROM is normal bilaterally. Pt appears to have moderate trunk weakness and breaks under mild-moderate resistance in all directions.

OR Lumbar X-ray Review:

The following plain films were reviewed: AP/Lat of the lumbo-sacral spine. These demonstrated a Grade II spondylolisthesis of L5 on S1 with significant narrowing of the L5-S1 disc space. The remaining disc spaces were all preserved. There was no evidence of lytic lesions identified. There was bilateral spondylolytic defects at L5. No other fractures were identified.

ASSESSMENT

Strain Sprain, (Ligament, Muscle) Spine, Lumbar 847.2
 Strain Sprain, (Ligament, Muscle) Thoracic 847.1
 Spondylolisthesis Traumatic 738.4

Symptoms typical of lumbosacral strain. Pt also has radiologically confirmed spondylolisthesis. Pt has limitations of pain, ROM and strength. Will benefit from PT to address these issues.

STG's (2 weeks)

1. Independent and compliant with HEP
2. > 75% right rotation and lat flexion
3. Pt will tol walking 1 hour

LTG's (8 weeks)

Pain < 2/10 and full trunk ROM to allow for unimpaired completion of ADL's.

PLAN

Physical Therapy Rehabilitation Plan

Patient is to be seen 2 times per week for the next 8 weeks.

Physical Therapy Progress Note

Elizabeth's additional treatment plan will consist of Hot or Cold Packs, Electrical Stimulation, Strengthening

This Note Printed on September 11, 2003 at 9:43 AM

Page 1 of 2

amicore

©2002 All Rights Reserved

6 Blackstone Valley Pl, Ste 530, Lincoln, RI 02865

Ph: (401) 334-3700 Fax: (401) 334-3414

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Jul 31, 2003 08:39 AM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

exercises, Therapeutic Activities, Home Exercise Program, Self Care Home Management Training, Myofascial Release/Soft Tissue Mobility (MT), Joint Mobilization (MT) and Range of motion exercises.



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Aug 04, 2003 04:47 PM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

SUBJECTIVE

Physical Therapy Presentation - Lumbar Spine

Elizabeth presents for follow-up of her thoracolumbar spine.

OBJECTIVE

Therapy Treatment

Treatment rendered was Manual Therapy, Myofascial Release/Soft Tissue Mobility (MT), Home Exercise Program and Therapeutic Activities. Pt did not respond well to manual interventions secondary to guarding and pain. Will benefit from a "hands off" approach at this time with progressive strengthening and stabilization exercise. The plan is to progress the therapy regimen.



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Aug 07, 2003 08:20 AM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

SUBJECTIVE

Physical Therapy Presentation - Lumbar Spine

Compliant with HEP.

OBJECTIVE

Therapy Treatment

Treatment rendered was Hot and/or Cold Packs, Electrical Stimulation, Strengthening exercises and Therapeutic Procedures. UE and LE isometric stabilization exercise, bridging, prone hip ext, stab exercises on ball. The plan is to progress the therapy regimen.



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Aug 14, 2003 09:24 AM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

SUBJECTIVE

Physical Therapy Presentation - Lumbar Spine

HEP is becoming a bit easier. Felt better after estim and heat last visit.

OBJECTIVE

Therapy Treatment

Treatment rendered was Electrical Stimulation, Hot and/or Cold Packs, Strengthening exercises and Therapeutic Activities. stationary bike x 2 min, stabilization isometrics in hooklying, standing body blade stabilization. The plan is to continue the current therapy regimen.



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Aug 18, 2003 03:55 PM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

SUBJECTIVE

Physical Therapy Presentation - Lumbar Spine

No significant improvements in symptoms to date.

OBJECTIVE

Therapy Treatment

Treatment rendered was Strengthening exercises, Therapeutic Activities, Hot and/or Cold Packs and Electrical Stimulation. Stationary bike x 3 min, hooklying LE isometrics, body blade in hooklying, wall slides x 6, hooklying b/l shld flexion with 2lb wt. The plan is to progress the therapy regimen.



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Aug 21, 2003 08:11 AM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

SUBJECTIVE

Physical Therapy Presentation - Lumbar Spine

Mild increase in pain after last visit that resolved within 1 day. Pt reports continued compliance with HEP and added wall slides.

OBJECTIVE

Therapy Treatment

Treatment rendered was Hot and/or Cold Packs, Electrical Stimulation, Strengthening exercises and Therapeutic Activities. bike x 4 min, wall slides, bridging with manual resistance, prone hip ext, resisted shld ext in sitting.

Pt instructed to begin walking 1/2 hour/day with breaks prn. The plan is to progress the therapy regimen.



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Aug 25, 2003 04:05 PM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

SUBJECTIVE

Physical Therapy Presentation - Lumbar Spine

Pt reports that she is feeling ill today and has a bad toothache.

OBJECTIVE

Therapy Treatment

Treatment rendered was Hot and/or Cold Packs, Electrical Stimulation and Therapeutic Activities. Stationary bike x 1 min. Pt was unable to tol a longer period on stationary bike secondary to SOB.

Reviewed HEP. The plan is to progress the therapy regimen.



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Aug 28, 2003 08:34 AM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

SUBJECTIVE

Physical Therapy Presentation - Lumbar Spine

Pt reports that she is feeling a little better today.

OBJECTIVE

Therapy Treatment

Treatment rendered was Hot and/or Cold Packs, Electrical Stimulation, Strengthening exercises and Therapeutic Activities. bike x 5 min, prone alt hip ext and shld flexion, bridging with march, stabilization sitting on ball. The plan is to progress the therapy regimen.



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields

Date of Birth: 06-20-1958

Visit Date: Sep 02, 2003 03:42 PM

Providers: John J Poggi, M.D.

PCP: John J. Poggi, MD

Location: AOG

SUBJECTIVE

Room

Patient is arrived and roomed.

OR Lumbar FU HPI

Ms. Shields returns for a follow-up of upper and lower back strain injuries, s/p MVA, along with underlying L5-S1 spondylolisthesis. Since I last saw Ms. Shields, there has been significant improvement. She notes near complete resolution of her upper and lower back symptoms. She feels PT has been quite beneficial. Numbness is absent in the extremities. Weakness is absent in the extremities. Bowel and bladder function have been normal.

OR FU PMSFHx

Past medical history and review of systems were discussed with the patient in detail and remain unchanged from Orthopedic Group Inc. Intake Form, a copy of which is included in the patient's chart.

OBJECTIVE

OR Lumbar Spine Exam

The patient is a well developed and well nourished Caucasian female. The skin of the back is free of any bruising, swelling, or open violations. She is able to arise from a seated position without difficulty. The patient's gait is nonantalgic and heel to toe bilaterally. Evaluation of heel walking reveals it to be 5/5 bilaterally. Her toe walking is 5/5 bilaterally. Evaluation of the stance shows there to be a level pelvis. She has minimal tenderness to palpation over the left SI joint. She has no tenderness to palpation along the thoracic or lumbar spine. Lumbar lordosis is normal. Flexion was noted to be 80 degrees. Extension was 20 degrees. Motor strength testing bilaterally in the T12-S1 distribution was normal, showing 5/5 strength in all muscle groups. Light touch in the L4-S1 distributions was normal bilaterally, as well. Knee jerk and ankle jerk reflexes were normal and symmetric.

ASSESSMENT

DIAGNOSIS #1: lumbar strain. 2. Thoracic strain, s/p MVA.

Strain Sprain, (Ligament,Muscle) Lumbar 847.2

Strain Sprain, (Ligament,Muscle) Thoracic 847.1

PLAN

OR LUMBAR PLAN

The treatment options were reviewed with the patient. She will complete her course of PT and progress to a home exercise program. Follow up: as needed. The patient may return to work full duty/full time. This diagnosis is billable under auto/liability insurance.

This note has been electronically
signed by John J Poggi, M.D.

John J Poggi, M.D.



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Sep 08, 2003 03:48 PM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

OBJECTIVE

Therapy Treatment

Treatment rendered was Hot and/or Cold Packs, Electrical Stimulation, Strengthening exercises and Therapeutic Activities. The plan is to progress the therapy regimen.



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Sep 15, 2003 09:23 AM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

OBJECTIVE

Therapy Treatment

Treatment rendered was Home Exercise Program, Strengthening exercises, Therapeutic Activities, Hot and/or Cold Packs and Electrical Stimulation. Issued new HEP of 4 pt lumbar stretch, piriformis stretch, quadruped hip ext, hooklying alt hip flex, bridging, wall slides. Stationary bike x 7 min. The plan is to progress the therapy regimen.

ADDITIONAL ADDENDA

Oct 8 2003 10:25AM

(Bruno, Leanne) - Faxed Note To: GERMANI & GERMANI P.C. - 15082229906



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Sep 18, 2003 08:30 AM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

SUBJECTIVE

Physical Therapy Presentation - Lumbar Spine

Difficulty with new HEP secondary to fatigue. Pt reports that she has been walking.

OBJECTIVE

Therapy Treatment

Treatment rendered was Hot and/or Cold Packs, Electrical Stimulation, Strengthening exercises and Therapeutic Activities. bridging on ball, shld horiz abd and flexion on ball, abdominal exercises on ball, hip ext on ball, stationary bike x 7 min and x3 min.

ADDITIONAL ADDENDA

Oct 8 2003 10:25AM

(Bruno, Leanne) - Faxed Note To: GERMANI & GERMANI P.C. - 15082229906



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Sep 22, 2003 08:36 AM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

SUBJECTIVE

Physical Therapy Presentation - Lumbar Spine

Pt reports walking 3 miles/ day since last visit. Back is "not bad".

OBJECTIVE

Therapy Treatment

Treatment rendered was Hot and/or Cold Packs, Electrical Stimulation, Strengthening exercises and Therapeutic Activities. stationary bike x 8 min, scap exercises on ball, abdominals on ball, hooklying crunches, AA sit-ups, PNF with body blade on ball, stationary bike x 5 min. The plan is to progress the therapy regimen.

ADDITIONAL ADDENDA

Oct 8 2003 10:25AM

(Bruno, Leanne) - Faxed Note To: GERMANI & GERMANI P.C. - 15082229906



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Sep 25, 2003 08:45 AM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

SUBJECTIVE

Physical Therapy Presentation - Lumbar Spine

Pt describes pain level as fair.

OBJECTIVE

Therapy Treatment

Treatment rendered was Hot and/or Cold Packs, Electrical Stimulation, Strengthening exercises, Manual Therapy and Therapeutic Activities. abd curls on ball, chest press on ball, AA sit-ups, hocklying marching, stationary bike x 9 min and 5 min. The plan is to continue the current therapy regimen.

ADDITIONAL ADDENDA

Oct 8 2003 10:25AM

(Bruno, Leanne) - Faxed Note To: GERMANI & GERMANI P.C. - 15082229906



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Sep 29, 2003 02:51 PM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

OBJECTIVE

Therapy Treatment

Treatment rendered was Hot and/or Cold Packs, Electrical Stimulation, Strengthening exercises and Therapeutic Activities. stationary bike x 10, abd curls on ball, prone hip ext and shld flexion on ball, AA sit-ups, quadruped alt arm and leg, lat pulls #25, stationary bike x 5 L3. The plan is to continue the current therapy regimen.

ADDITIONAL ADDENDA

Oct 8 2003 10:25AM

(Bruno, Leanne) - Faxed Note To: GERMANI & GERMANI P.C. - 15082229906



ORTHOPEDIC GROUP, INC.

ORTHOPEDIC GROUP, INC.

Patient: Elizabeth Shields **Date of Birth:** 06-20-1958 **Visit Date:** Oct 02, 2003 09:05 AM
Providers: Christopher Edmundson **PCP:** John J. Poggi, MD **Location:** LOG

SUBJECTIVE

Physical Therapy Presentation - Lumbar Spine

Pt reports that she is feeling much better. She would like to D/C herself at this time. She intends to continue exercising on her own.

OBJECTIVE

Therapy Treatment

Treatment rendered was Electrical Stimulation, Strengthening exercises, Therapeutic Activities and Hot and/or Cold Packs. Rx as previous.

ASSESSMENT

Compared to the previous treatment, patient seems to be much better.

PLAN

Physical Therapy Rehabilitation Plan

D/C to HEP.

ADDITIONAL ADDENDA

Oct 8 2003 10:25AM (Bruno, Leanne) - Faxed Note To: GERMANI & GERMANI P.C. - 15082229906

Christopher Edmundson

ABNORMAL CURVATURES OF THE SPINE

¶ 11.41

If the slip is greater than 25 percent, there appears to be an increased risk of future low back pain. Disc degeneration in the presence of untreated spondylolisthesis is uncommon under age 25 but after that age it is seen more commonly than in age-matched controls. On the other hand, patients who underwent fusion had no more degeneration than those not operated on (quoted by Smith and Hu, 1999). Spondylolysis of L4 is more likely to be painful than that involving L5 (Lonstein, 1999b).

Long-term follow-up of patients with grades III and IV spondylolisthesis showed that, even without surgery, major problems were uncommon. However, the same study showed that *in situ* posterior arthrodesis (surgical fusion of a joint) provided even better results (Weinstein, 2000).

Some adults with spondylosis or spondylolisthesis, for unknown reasons, have low back pain or sciatica, or both. Their symptoms and findings are virtually indistinguishable from patients with nonspecific low back trouble. Posterolateral fusion improves the condition of such patients (Moller, et al., 2000).

¶ 11.33(5) Trauma and Spondylolisthesis—There is no question that trauma often plays a role in precipitating spondylolisthesis and its symptoms. In fact, trauma provokes the first painful symptoms of spondylolisthesis quite frequently, but it is seldom its cause.

Trauma can, however, transform a pre-existing spondylolysis into an olisthesis (slippage), and can increase the degree of slippage in a pre-existing spondylolisthesis. Injury can also alter the dynamics of the spinal restraining tissues so a hyperlordosis (exaggeration of the normal lordotic curve) may result and induce a fatigue fracture of the pars interarticularis.

A severe traumatic event such as a motor-vehicle accident can very rarely cause an acute fracture of the pars (Type Ic). This injury seems to be unstable and the slip can progress and cause nerve damage; accordingly it is probably best managed by early fusion (Hilibrand, et al., 1995).

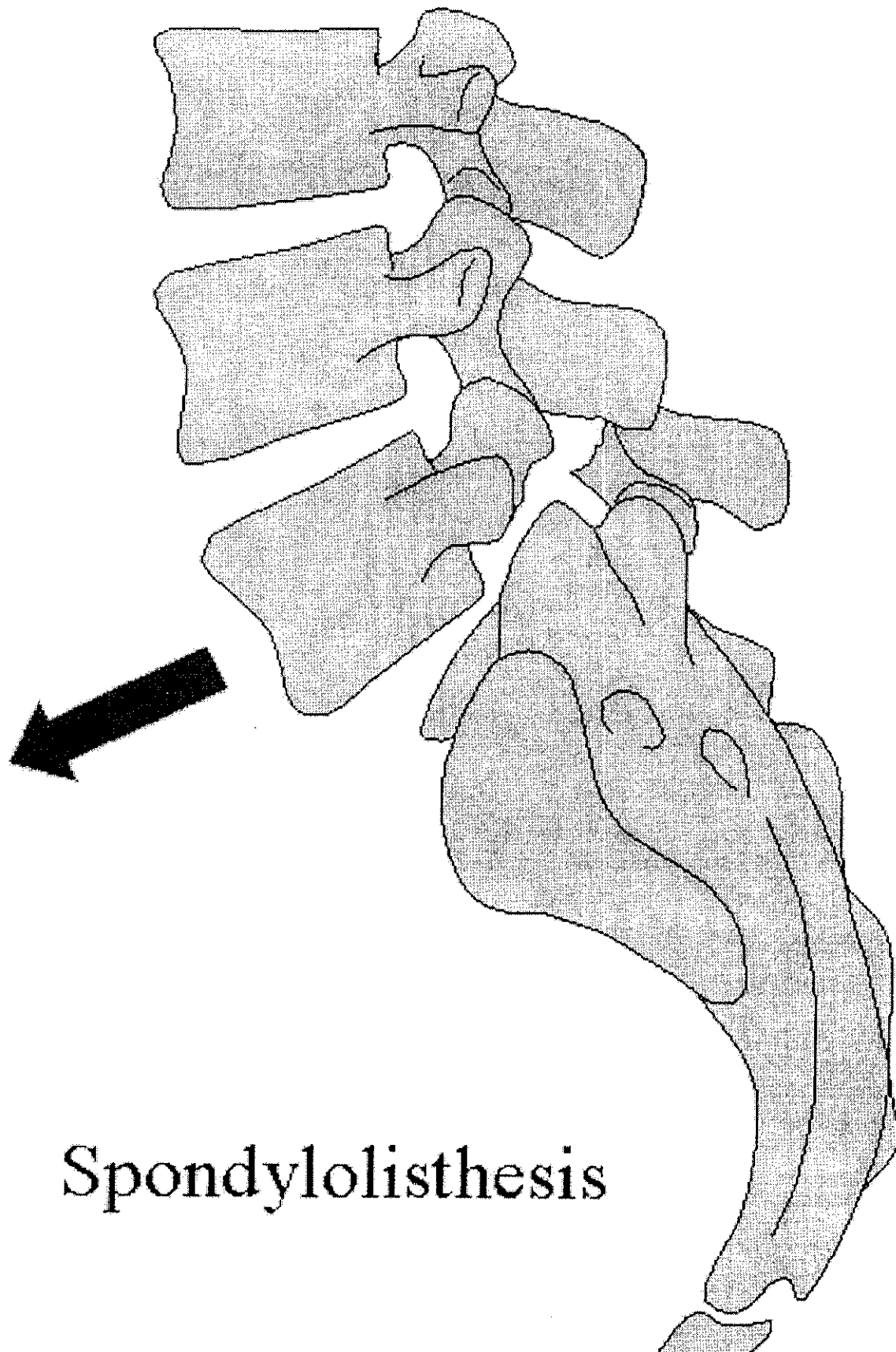
¶ 11.40 ABNORMAL CURVATURES OF THE SPINE

Deformities that result from abnormal spinal curvatures, if severe enough, will involve more than just cosmetic deformity. They can also be a source of pain, later degenerative problems, sitting instability, neurologic impairment and respiratory deficits.

The two major spinal deformities seen are scoliosis and kyphosis.

¶ 11.41 Scoliosis

Scoliosis is a lateral curvature of the spine as viewed from the back. (See Figure 11-13.) Scoliosis is most easily recognized as a deformity in the coronal



Spondylolisthesis